

# Wisconsin Department of Safety and Professional Services

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## CEMETERY BOARD

### ANNUAL CERTIFICATIONS OF RELIGIOUS ASSOCIATIONS

#### NO FEE REQUIRED

Annual certification must be completed for each religious association or cemetery authority of a cemetery that is affiliated with a religious association. Complete the applicable Section(s) and the Acknowledgement on page 2 (attach additional sheets if necessary).

#### Section A: To be Completed for Each Religious Cemetery

**Name and Address of Cemetery:** (street, city, state, zip)

**Name of Cemetery Authority or Religious Association:**

**Daytime Telephone Number**

 -  - 

**Address of Cemetery Authority or Religious Association:** (street, city, state, zip)

**Cemetery Authority or Religious Association FEIN\***

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\*Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

#### ANSWER THE FOLLOWING QUESTIONS (attach additional sheets if necessary)

- |    |  |
|----|--|
| 1. | The cemetery authority fully complies with Wis. Stats. § 157.11(9g)(c) and 157.12(3). <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Has the cemetery authority engaged in preneed sales? <input type="checkbox"/> Yes <input type="checkbox"/> No                                  |
- If yes, complete Section B.**

#### Section B: To be Completed for Each Preneed Seller of a Religious Cemetery

**Name and Address of Cemetery:** (street, city, state, zip)

**Name of Employee who Practiced as a Preneed Seller**

**Social Security # of Preneed Seller\***

 -  - 

**Address of Preneed Seller** (street, city, state, zip)

**Credential Number of Preneed Seller**

#### ANSWER THE FOLLOWING QUESTION (attach additional sheets if necessary)

- |    |  |
|----|--|
| 1. | The cemetery authority (ies) and preneed seller(s) fully comply with Wis. Stats. § 440.92(2), (3)(a) and (b) and (5). <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----|--|

# Wisconsin Department of Safety and Professional Services

## Section C: To be Completed for Each Religious Association with a Columbarium

Name of Authorized Agent of the Religious Association

Daytime Telephone Number

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Name and Address of Religious Association where the Columbarium is Located: (street, city, state, zip)

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**ANSWER THE FOLLOWING QUESTION** (attach additional sheets if necessary)

1.	The religious association fully complies with Wis. Stats. § 157.123(2)(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	The columbarium meets the requirements of Wis. Stats. § 157.123(2)(a), (2)(b) and (2)(c).	<input type="checkbox"/> Yes <input type="checkbox"/> No

### TO BE COMPLETED FOR ALL CERTIFICATIONS:

**Cemetery Authority or Authorized Agent of Religious Association must sign.**

I hereby affirm that the information reported on this form and any attachments to it is true and correct to the best of my knowledge and belief.

Name of Cemetery Authority or Authorized Agent:

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Title:

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Signature of Cemetery Authority or Agent:

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Date:

		/			/				
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Subscribed and sworn before me on this

		day of								, 20		
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Signature of Notary Public:

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Date Commission Expires:

		/			/				
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